## SMAA CLAIMING UNIT PARTICIPANT UNIVERSE

(2) INVOICE NUMBER (from Summary Invoice):

(4) NO. OF CLAIMING STAFF:(sum of item13, No. of Staff):

(1) LEC/LGA:

(3) NAME OF CLAIMING UNIT:

(5) COUNTY DISTRICT SCHOOL (CDS) CODE:			(6) LEC/LGA CONTRACT #						
(7) CLAIMING UNIT ADDRESS:									
(8) LEA COORDINATOR:									
(9) TELEPHONE: (10) E-MAIL:									
•		(10) L-WAIL.							
(11) AUDIT FILE LOCATION (ADDRESS):									
(12) STAFF JOB CLASSIFICATIONS:	(13)	(14) MEDI-CAL ADMINISTRATIVE ACTIVITIES (ENTER "D"							
(Identified by duty statement –Please indicate if the staff is the MAA Coordinator	NUMBER OF	FOR DIRECT CHARGE UNDER EACH ACTIVITY):  Code   Cod							
or MAA assistant.	STAFF:	4	6	8	10	12	14	15	16
			1						
Code 4 = Code 6 = Code 10 =Initial Medi-Cal Outreach Facilitating Medi-Cal ApplicationCode 12 = 						nt, and dination a	nd		
CERTIFICATION STATEMENT  My signature below certifies that the information provided herein is true and correct and accurately reflects the performance of the MAA activity codes described in the SMAA Operational Plan. I hereby certify that, to the best of my knowledge and belief, this report is a true and correct representation of the planned SMAA participant universe and all data will be compiled and reported in accordance with all state and federal laws and regulations.									
LEC/LGA Coordinator	Date	L	LEA Coordinator Date						